



## GI Clinic

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**OUR CLINIC REQUIRES 72 HOUR NOTICE FOR CANCELLATION  
DUE TO THE TIME WE ALLOW FOR YOUR APPOINTMENT**

You are scheduled with: **Dr.**

Appointment Date:                      Arrival Time:

Please complete the enclosed questionnaire along with the medication list.

Bring ALL paperwork with you to your appointment, **picture ID and your insurance card.**

Report to the Registration area at the front of the hospital to check in.

You will be sedated for this procedure. You will **need someone to drive you home and stay with you following your procedure for 24 hours. No mode of public transportation will be allowed, including taxis, buses or walking alone.** Please have your driver with you at check-in to verify your ride.

If having a colonoscopy or flexible sigmoidoscopy, you will need to purchase a bowel prep. See enclosed information.

Helpful Hints:

- Remain at home and close to the bathroom after beginning the prep.
- If you develop nausea or vomiting while drinking the prep solution, take slower sips. Sometimes chilling the liquid and drinking through a straw will help.

If you have any questions, call the GI Clinic at 816-887-0457 between 8:00 a.m. and 3:00 p.m., Monday thru Friday.

**OUR OFFICE REQUIRES 72 HOURS NOTICE FOR CANCELLATION  
DUE TO THE TIME WE ALLOW FOR YOUR APPOINTMENT**

If you have any questions, call our office at  
816-887-0457 between 8:00 a.m. and 3:00 p.m., Monday thru Friday.

**AT LEAST A WEEK BEFORE YOUR PROCEDURE:**

- If you take any blood thinners, please call the GI department (816-887-0457) to determine whether to stop this medication and the time frame to hold. Blood thinners include but are not limited to the following: Coumadin, Warfarin, Xarelto, Eliquis, Savaysa, Paradx, Dipyridamole, Aggrenox, Pletal, Plavix, Ticlopidine, Effient.
- If you take Insulin, please check with your doctor that prescribes this for you about adjusting your dose prior to this procedure. **TAKE NO INSULIN OR ORAL DIABETIC MEDICATION THE MORNING OF YOUR PROCEDURE.**
- Stop all **diet pills** including over-the-counter, herbal and prescription 7 days prior to your procedure, this includes Phentermine, Qsymia, ect.

**SEVERAL DAYS BEFORE YOUR PROCEDURE:**

You will need to purchase the following. All are available over-the-counter at any pharmacy.

1 - 10 oz. bottle of Magnesium Citrate (not red)

1 - 238 gram bottle of Miralax (or its generic version)

1 - 64 oz. bottle of Gatorade or Powerade (any color except red or purple)

**\*Diabetic patients only to use Propel Fitness Water instead of Gatorade\***

**THE DAY BEFORE YOUR PROCEDURE:**

You may **NOT HAVE ANY SOLID FOOD ALL DAY**. You may have plenty of CLEAR LIQUIDS ONLY. This includes black coffee, tea, soda (Coke/Pepsi), 7-Up, Sprite, apple juice, Gatorade, popsicles, JELL-O, broth and bouillon, sugar free is fine if you prefer.

Do not drink alcohol. No milk products, do not drink red or purple clear liquids. Do not drink orange juice.

**Your bowel preparation is composed of 2 doses, taken at different times. You will take the 1st dose THE DAY PRIOR TO YOUR SCHEDULED PROCEDURE and the 2nd dose 5 to 6 hours prior to your procedure. TO start your bowel preparation, you will need to mix the entire 238 gram bottle of Miralax powder in 64 oz. of Gatorade or Powerade (or Propel Fitness Water) and split this mixed beverage into two servings. These are the “two doses” of your bowel preparation.**

**1<sup>st</sup> DOSE:**

1. The evening before your procedure, usually between 4:00 p.m.-6:00 p.m., begin drinking one 8 oz. glass of Miralax/Gatorade solution and continue drinking one 8 oz. glass every 15-30 minutes until you have finished the entire first 32 oz. portion of Miralax/Gatorade. This should take you approximately 1 hour. We encourage you to continue drinking lots of clear liquids, after this dose, up until midnight.
2. Stay close to the toilet in the evening- the goal is to have diarrhea.
3. At 8:00 p.m. drink one 10 oz. bottle Magnesium Citrate. You may mix this with Sprite, 7-Up or Ginger Ale.

**2<sup>nd</sup> DOSE:**

1. Beginning about 5-6 hours prior to your scheduled procedure, begin drinking the 2nd portion of the Miralax/Gatorade 32 oz. Solution. Drink 8 oz. every 15-30 minutes, even if you are cleaned out. You must be **COMPLETELY DONE WITH THIS DOSE AT LEAST 4 HOURS PRIOR TO YOUR PROCEDURE**. After you complete this dose, do not have anything else to eat or drink until after your procedure. For example, if your procedure is at 9:00 a.m., you might need to get up at 3:00-4:00 a.m. and drink the second dose for your bowel preparation and complete it by 5:00 a.m.

### **THE DAY OF YOUR PROCEDURE**

- If you take insulin or oral diabetic medication, hold it and **DO NOT TAKE** on the day of your procedure.
- Please take your scheduled/prescribed medications for heart problems, unless otherwise instructed by your physician. Take 1-2 hours before your procedure and drink only enough water to swallow your pill(s)- no more than 4 fluid ounces.
- **NO** gum, mints, candy or chewing tobacco.
- You may brush your teeth but don't swallow any water or toothpaste.

### **YOU MUST HAVE WITH YOU:**

- You will be sedated for the procedure. You will **NEED SOMEONE TO DRIVE YOU HOME AND STAY WITH YOU FOLLOWING THE PROCEDURE FOR 24 HOURS. NO MODE OF PUBLIC TRANSPORTATION WILL BE ALLOWED, INCLUDING TAXIS, BUSES OR WALKING ALONE.** Please have your driver with you at Check-In to verify your ride.
- A list of all medications you are now taking, including over-the-counter products and herbal supplements.
- Your photo ID and your insurance card.

\*\*\* **REMEMBER** the goal is to get cleaned out. If you have any problems with the preparation please contact the GI department (816)887-0457 Monday-Friday from 8:00 a.m. – 3:00 p.m. Failure to follow the instructions may result in cancellation.

Bring this completed form with you to your appointment.

Name: \_\_\_\_\_ M F DOB: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Referring Doctor: \_\_\_\_\_

**Previous Test** – Last GI Test (Colon, EGD, ERCP, Flex Sig, Barium Enema) Not Applicable \_\_\_\_\_

Name of Test	Date (Approximate)	Where

**Hospitalization/Surgery (exclude normal pregnancies)**

Year	Hospitalization/Surgery for:	Year	Hospitalization/Surgery for:

If you have had past problems with anesthetic, including being told you require more medication than normal, please call (816)887-0457.

**Habits:**

**Tobacco** (What & how long) \_\_\_\_\_ Packs per day     **Alcohol:** Beer    Liquor    Wine    Daily or Occasional

**Recreational Drug Use**     Yes     No

**Pregnant**     Yes     No    Last menstrual period: \_\_\_\_\_

**Family History**

**Please check the box that applies to each family member.**

	Mother	Father	Siblings
Gallstones			
Ulcers			
Polyps			
Pancreatitis			
Colon Cancer – other Cancer - Specify			
Liver Disease (cirrhosis/Hepatitis)			
Bleeding			

*Bring this completed form with you to your appointment.*

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Please ✓ all that apply.**

**Respiratory**

- Asthma
- Dyspnea
- Sleep Apnea
- COPD
- Cough lasting greater than 3 weeks

**Musculoskeletal**

- Arthritis
- Joint Replacement within last year
- Muscle Weakness
- Frequent Falls
- Stiffness

**Cardiovascular**

- Hypertension
- Previous Endocarditis
- Prostatic Heart Valve
- Stroke/TIA
- Pacemaker/ICD
- Rheumatic Heart Disease
- Coronary Artery Disease
- Heart Attack
- Atrial Fibrillation

**Mental Health**

- Seizure Disorder
- Depression
- Bipolar
- Head Trauma

**Gastrointestinal**

- Hepatitis
- Diverticulitis/Diverticulosis
- Hiatal Hernia
- Acid Reflux
- Ulcers
- Polyp
- Difficulty Swallowing
- Nausea
- Vomiting
- Diarrhea
- Unintentional Weight Loss
- Cirrhosis

**Endocrine/Renal**

- Diabetes
- Anemia
- Thyroid (Hyper/Hypo)
- Kidney Failure

Do you have an Advanced Directive?  Yes  No

If no, do you need information?  Yes  No

Do you have a "Medical" Durable Power of Attorney?  Yes  No

If yes, please write the name and phone number.

\_\_\_\_\_

Please bring this completed form with you to your appointment.

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

In Order to give the best care possible, a complete list of medications is required. List all medications you take, including dosage, how often or what time(s) of the day you take them. Please include any over-the-counter herbs, remedies, vitamins, etc. that you may take as well.

Medications; Prescriptions, & Over-the-counter	Dose	Frequency

New Medications:		

Allergies